

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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600						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.								
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TOTAL CLAIMS								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2							52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56	1					
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		12				
12		1					62		12				
13		1					63		12				
14		1					64		12				
15		1					65		12				
16		1					66	1					
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70	1					
21		1					71		1				
22		1					72		1				
23	1						73	1					
24		1					74		4				
25	1						75		4				
26		1					76		4				
27	1						77		2				
28		1					78		4				
29		1					79		4				
30		1					80	1					
31		1					81		1				
32		1					82	1					
33		10					83	1					
34		10					84		1				
35		10					85	1					
36		10					86		1				
37		10					87		1				
38	1						88		1				
39		1					89	1					
40		1					90		1				
41		1					91	1					
42		4					92		1				
43	1						93		1				
44	1						94		1				
45		2					95	1					
46		2					96		1				
47		2					97		1				
48		2					98		1				
49	1						99	1					
50		1					100		1				
TOTAL IND.	9						TOTAL IND.	13					
TOTAL DEP.	93						TOTAL DEP.	107					
TOTAL CLAIMS	102						TOTAL CLAIMS	120					

Total for Dependent - 1386

MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

Independent - 137

**MULTIPLE DEPENDENT CLAIM
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FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	19					
TOTAL DEP.	39					
TOTAL CLAIMS	58					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	9					
TOTAL DEP.	35					
TOTAL CLAIMS	54					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5					
TOTAL DEP.	45					
TOTAL CLAIMS	50					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	1					
TOTAL DEP.	29					
TOTAL CLAIMS	30					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		8					51		4				
2		8					52		4				
3		8					53		4				
4		8					54		4				
5		8					55		4				
6		8					56		4				
7		8					57		4				
8		8					58		4				
9		8					59		4				
10		8					60		8				
11		8					61		8				
12		8					62		8				
13		8					63		8				
14		13					64		8				
15		11					65		8				
16		11					66		8				
17		11					67		8				
18		11					68		8				
19		11					69		8				
20		11					70		8				
21		11					71		8				
22		11					72		8				
23		11					73		8				
24		11					74		Number Jump				
25		11					75		8				
26		11					76		8				
27		11					77		8				
28		11					78		8				
29		11					79		8				
30		11					80		8				
31		11					81		8				
32		11					82		8				
33		11					83		8				
34		11					84		8				
35		11					85		8				
36		11					86		8				
37		4					87		8				
38		8					88		8				
39		8					89		8				
40		8					90		8				
41		8					91		11				
42		8					92		11				
43		8					93		11				
44		4					94		11				
45		4					95		11				
46		4					96		11				
47		4					97		11				
48		4					98		11				
49		4					99		11				
50		4					100		11				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.	397						TOTAL DEP.	319					
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.	12					
TOTAL DEP.	251						TOTAL DEP.	87					
TOTAL CLAIMS	259						TOTAL CLAIMS	99					

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	34					
TOTAL DEP.	120					
TOTAL CLAIMS	154					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	17					
TOTAL DEP.	34					
TOTAL CLAIMS	51					

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